

ALCOHOLISM

EVERYONE'S CONCERN

A

**Work book for
Industrial Personnel**

**TT Ranganathan Clinical Research Foundation
"TTK HOSPITAL"
Madras 600 020.**

3828

Community Health Cell
Library and Documentation Unit
BANGALORE

ALCOHOLISM

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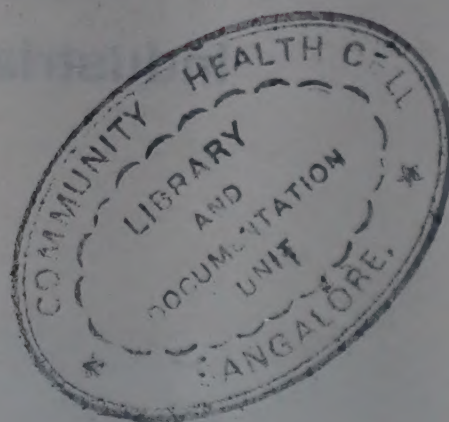
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We acknowledge with gratitude, the effort put in by Mrs. JAYALAKSHMI SHEKAR, our Public Relations Officer, towards preparing this Kit.

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TT Ranganathan Clinical Research Foundation
"THE HOSPITAL"
MADRAS 600 020

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A WORD WITH YOU.....

Alcohol abuse is one of the primary factors that affect the work performance of employees. This package titled '**Alcoholism - Everyone's Concern**' is designed to assist you in understanding and addressing alcohol - related problems in your Industry.

This package will empower you with

- Knowledge about the disease of alcoholism and its symptoms
- Skills to identify an alcoholic employee through poor job performance and motivate him to accept help
- Ideas to formulate a policy to deal with the problem
- Information that will help in discouraging alcohol use among employees, thereby leading to an alcohol-free work environment.

The components of the package are

- A work book
- A set of pamphlets
- A set of transparencies
- An audio cassette

It will be helpful to

- Managers
- Medical officers
- Union office bearers
- Supervisors

A few words about each of the components

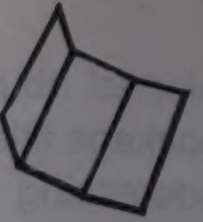
Work book

The work book serves as a guide and provides all the information needed to evolve a programme to deal with alcoholism and deteriorating job performance which is a drain on the Industry.

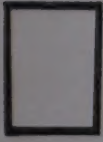


Pamphlet

The pamphlet at a glance provides information on alcoholism as a treatable disease and methods to identify alcoholic employees through poor job performance.



Transparencies



A set of 15 transparencies is provided as part of the package and serves as an effective visual presentation. They clearly show the impact of alcoholism and resulting deteriorating job performance. Methods used to identify and motivate alcoholic employees to take treatment are also illustrated.

This can be used by Managers in presentations to Supervisors and Union Office Bearers.

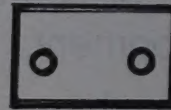
Audio Cassette

The audio cassette contains talks on these subjects

Alcoholism as a treatable disease

Impact of alcoholism on Industries and

Identification of problem employees through poor job performance



This audio cassette can be played in the recreation room, canteen for one and all to hear.

In short, this package will help you to set up an effective Employee Assistance Programme and make it work.

CHAPTER - I

THE NEED FOR INDUSTRIES TO LOOK INTO THE IMPACT OF ALCOHOLISM ON THEIR WORKFORCE

Dinakaran is 45 years old and has been working in the same organisation for the past 20 years. He is an excellent stenographer noted for the accuracy of his work. He efficiently looks into all his boss' requirements as expected of a good stenographer. But of late, Dinakaran has been repeatedly absenting himself from work. The boss did not know where to find the necessary files. He was not aware whether the fax and telex messages were disposed of. He was not clear if the jobs he had given were done. Coming into work everyday was a great stress for the boss.

Simon is a highly energetic and capable Liaison Officer. He is his boss' righthand and whenever any responsible job was to be done, Simon was the man. But what can the boss do when Simon on three or four occasions returns after the lunch break reeking of alcohol? The boss is always anxious whether Simon has done his job well or messed it up. Is he interacting responsibly with officials? Unable to cope with the day to day anxiety, the boss posted Simon to a desk job. He is still unable to get a good Liaison Officer in Simon's place.

Murugesan is an ace worker in the steel forming section. Methodical and dedicated to his work, his section has had an accident-free record for the past twelve years. Of late, the General Superintendent has been finding that Murugesan's work area was generally dirty with lots of waste products around. One night when Murugesan was on the night shift, there was a major accident. Murugesan and two of his colleagues were maimed. Enquiries revealed that Murugesan had consumed alcohol during the day. The next two months proved disastrous for the boss as he was running around to the Hospital, Insurance Company, etc. He was doing everything else other than concentrating on his work.

Ramesh was their first choice when the company personnel went for a campus selection at Ahmedabad. His career path in the marketing department was well marked. Of late, the Managing Director was simply unable to get Ramesh on the line. The standard replies were -

"He has gone to the Factory."

"Ramesh has gone into the market."

"He is out to meet important clients."

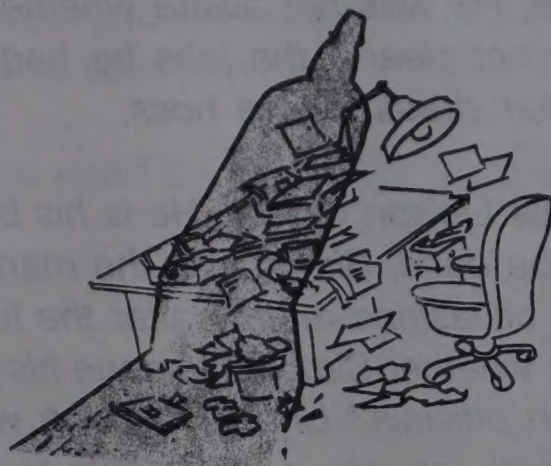
But the performance chart began to show a decline in sales. Even when this was pointed out to Ramesh, he was unable to respond and provide any relevant information. He vaguely replied -

"I will get back to you."

The boss was baffled and was wondering what to do with Ramesh.

What do the above situations indicate? All of them have a common thread which has left the Managers, Supervisors tensed up, anxious and helpless.

Whether it was Dinakaran a stenographer, Simon a Liaison Officer, Murugesan a worker or Ramesh a Marketing Executive, **their job performance had started to deteriorate over a period of time. Why? In these cases, it was because of the abuse of alcohol.**



Can the employer do something to change the situation? If the employer does something, is there any possibility of the situation improving? Can these employees become productive again?

We believe the answer is an emphatic **'YES'**. Industries need to recognise this silent problem hidden deep inside and take corrective measures.

CHAPTER - II

SOME FACTS ABOUT ALCOHOL

Before we understand how to deal with these problem employees, let us first of all understand a few facts about alcohol and alcoholism.

Different types of alcoholic beverages

There are different types of alcoholic beverages.

The names and the content of some alcoholic beverages are given below:

Name of the beverage	Approximate percentage of Ethyl alcohol
Brandy	42.8
Whisky	42.8
Rum	42.8
Arrack	42.8 to 80.1
Wine	08 - 15
Beer	03 - 07
Toddy	04

Different quantities of various types of these beverages have the same effect because of their alcohol content. This is seen in this table.

1 Drink	=	1 Drink	=	1 Drink
30 ml		120 ml		285 ml
Whisky		Wine		Beer
Rum				Toddy
Brandy				
Arrack (which has 42.8% alcohol)				

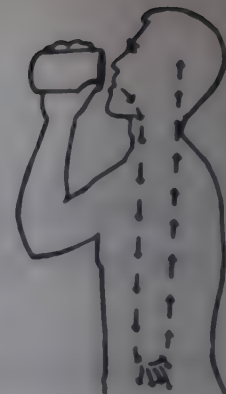


What happens when a person drinks alcohol?

Alcohol is directly absorbed into the blood stream through the walls of the stomach and the intestines. Unlike other foods, it requires no digestion. Therefore, it starts **acting immediately**.

On entering the blood stream, it circulates throughout the body. It travels to all parts which include the brain, heart, liver, pancreas, etc.

The liver breaks it down into carbon dioxide, water and empty calories. A small percentage of alcohol goes out of the body through breath, urine and sweat. The liver can oxidise only a small amount at a time. With the result, the rest of the alcohol keeps travelling all over the body including the brain. This results in damages to all the organs.



Certain important facts about alcohol

1. What is alcohol - a stimulant or a depressant?

Alcohol is often misunderstood as a stimulant, whereas it is a **depressant drug** which slows down the activities of the brain. It reduces alertness, concentration and induces sleep.

2. Does alcohol contain any nutrient?

It contains only carbohydrates which can be burnt to give calories. But it does not contain any vitamins, proteins or vital minerals. This results in malnutrition.

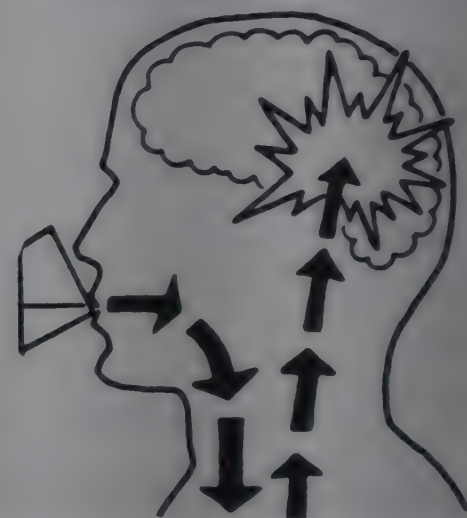
3. Does drinking black coffee, buttermilk, etc. sober up a person who has consumed alcohol? Some people believe that the 'hangover' experienced by the person who has consumed alcohol can be overcome by drinking black coffee or buttermilk, pouring cold water on one's head, etc. But none of these methods help. 'Hangover' signifies the presence of an excessive amount of alcohol in the body which the liver is unable to oxidise quickly. Therefore, the liver needs time. The effects of alcohol wear off only with the passage of time.

4. Is there any guarantee that social drinkers will remain as social drinkers throughout their lives?

Definitely not. Studies show that out of every ten people who drink, two become dependent on alcohol. They become **physically dependent on and psychologically addicted** to alcohol. **Alcohol is a dependency producing, highly addictive drug, impairing both the length and quality of life.**

5. Stable job, good family, educational background - will any of these factors help in preventing a person from becoming a problem drinker?

No. People from any strata of society - rich, poor, educated, uneducated, man, woman, upper class, middle class, lower class - anyone can develop dependency and become a problem drinker. **The only way not to get the disease of alcoholism is not to drink at all.**



ALCOHOLISM IS A TREATABLE DISEASE

Ramu drinks daily while returning from work. He spends all his earnings and makes little or no contribution to the family. He is unable to stop drinking even though he promises to do so.

James does not drink for 40 days due to a vow taken and believes he has the will power to stop drinking whenever he wants to. After 40 days, he starts drinking again and without control.

Ramu and James are **alcoholics**. They have a disease - **The disease of alcoholism**.

Alcoholism is a disease

After extensive research, in the year 1956, the **American Medical Association** and the **World Health Organisation** established that

ALCOHOLISM IS A DISEASE

A disease requiring medical and psychological treatment.

Before looking into the disease of alcoholism, let us understand who an alcoholic is and what is the difference between him and a social drinker.

A **social drinker** is one who drinks occasionally or in moderate quantities. Above all, his drinking does not cause any problem whatsoever in his life.

An **alcoholic** is an individual whose drinking causes **continuing** problems in one or more areas of his life (occupation, family relationships, financial position, health, etc.). In spite of these problems, he keeps drinking. Out of every ten people who drink, two become alcoholics.

An alcoholic is not able to stop drinking because he develops physical and psychological dependence on alcohol.



Physical dependence

His body gets used to the presence of alcohol and if its use is stopped suddenly, he develops withdrawal symptoms like tremors, fits, hallucinations, etc.

Psychological dependence

Alcohol becomes so central to his thoughts and activities that he is unable to think of anything else. His mind is constantly filled with thoughts such as

"When can I get my next drink?"

"I must slip out of my office as soon as possible."

"How do I get some money?"

His entire thoughts revolve around alcohol. There is a compelling need or craving for alcohol.

The disease of alcoholism has certain characteristics. They are

1. **It is a primary disease**

Initially, people believed alcoholism to be a symptom of some psychological disorder. Now, it is understood that alcoholism per se is a disease which causes emotional and physical problems. The disease of alcoholism has to be treated. Any other alternative like changing his job, getting him married, repaying his debts, etc., will not help the alcoholic stop drinking.

2. **It is a progressive disease**

The disease progresses from bad to worse. Sometimes there may be intermittent periods of improvement, but over a period of time, his condition will get worse. A person drinking may die due to some medical complication like cirrhosis or pancreatitis. On scrutiny, one can understand that the disease itself was induced by alcohol. Alcohol is the real agent behind the person's death.

3. **It is a treatable disease**

The disease can be successfully controlled with the help of timely comprehensive treatment. The goal of treatment is total abstinence from alcohol. Drinking even a small quantity of alcohol will lead to obsessive drinking sooner or later. In other words, an alcoholic can never go back to social drinking even if he has remained sober for many years. Hence alcoholism is considered a permanent disease and therefore cannot be cured. **It can be treated and arrested.**

Total abstinence is the only method to control alcoholism. Treatment will help in controlling alcoholism.

The disease of alcoholism progresses in three distinct phases and has specific symptoms.

EARLY PHASE

Increased tolerance

For many who are drinking, the first warning sign is a need for higher amounts of alcohol to produce the same effect they got when drinking lesser amounts. This is an indication that their drinking might develop into alcoholism.



For example, he may have taken a peg or two of whisky to experience a relaxed and pleasant feeling; but now takes four to five pegs to get the same effect.

As tolerance increases, he starts gulping his drinks so that the desired effect is felt immediately.

Black out

Black out is alcohol-induced amnesia. The alcoholic goes through many activities and may recollect only parts of the events or he may be unable to recall even a trace of these activities later on. These may be routine activities like eating, driving, talking, etc.

As the disease progresses, repeated episodes of black out occur.

Kailash used to cycle to his workspot. One day he and his friend went to a bar and Kailash got drunk. Since he was in no state to ride his cycle, his friend took the cycle home and asked Kailash to collect the cycle later from him. Next day, as usual Kailash started for office. He searched for his cycle all over his house and in other places, but in vain. After a week, when his friend returned from a trip, he met Kailash and asked him why he had not collected his cycle from his house. Kailash's memory was a blank. He could not remember the incident at all!

Preoccupation with drinking

While at work, he may be thinking about when he can drink. The individual enjoys himself only if he drinks. If drinking is not going to be a part of the activity, he will not be part of it.

Avoiding any conversation about alcohol

The alcoholic feels guilty about his drinking. Formerly, he would have boasted about how much he could drink; but, now he feels uneasy about even talking about it. Even if someone else talks about alcohol and related things, he conveniently changes the topic. He does not want to talk about, listen to, read or hear about drinking.

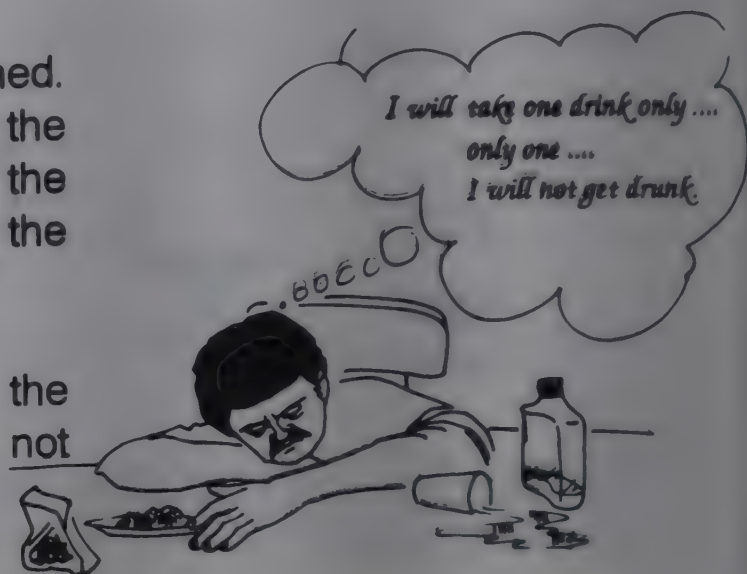
MIDDLE PHASE

Loss of control

Initially, there is loss of control over the amount consumed. The person is unable to predict what will happen after the first drink. He will plan to have a couple of drinks on the way home from the office, but will be the last to leave the bar.

As alcoholism progresses, he will lose control over the time and place of drinking. He drinks when he does not plan to drink.

There is a compulsive demand within him to drink. He is totally powerless over alcohol.



Loss of control is a sure sign that alcoholism has developed

His condition may get worse and it isn't likely to get better without help.

Ganesh's child was suffering from pneumonia. Everyone in the house was anxious and worried. The doctor gave Ganesh a prescription and asked him to get the medicines immediately. Ganesh went to some of the medical shops near his house but the medicines were not available. He was very tense and wanted to drink. He went to a bar and decided to have only one drink, but he got drunk. He lost all the money. He forgot about his sick child. Ganesh cares for his child but once he starts drinking, he loses control, and cannot carry out his responsibilities.

Giving excuses for drinking

The alcoholic feels guilty and depressed. He begins to give several reasons for his drinking. All of them are lame excuses. He drinks because he is dependent on alcohol.

Grandiose behaviour



In order to cover up the truth about himself and his condition, the alcoholic exhibits grandiose behaviour and talks 'big' about himself, his capabilities, his financial status, etc. He may spend lavishly while his family strives to make both ends meet.

Aggression

The alcoholic believes that others are the cause for his problems and he resorts to verbal abuse and sometimes even physical abuse.

Abstaining from alcohol

He feels a deep sense of guilt and wants to do something about his drinking. He attempts to quit on his own - to give up alcohol - but only for a set period of time, a week, a month and so on. After this set period, his compulsion for alcohol will drive him back to obsessive drinking for which he will have a ready excuse.

Changing the drinking pattern

Having tried to abstain but unable to do so, the alcoholic now changes his drinking pattern to show that he can drink again without getting into the same old problems. He changes drinks (from whisky to beer) or changes the place of drinking and time of drinking. But these do not help in the long run for he is consuming only alcohol in one form or the other and he returns to obsessive drinking again.

Problems on the job

Until now, he may be able to prevent problems on the job. But gradually everyone begins to notice him. He is unable to hide his hangover, his absenteeism and poor quality of work. He receives memos, suspension orders, etc. He may even lose his job.



Family problems

The major problems resulting from his drinking affect the wife and children. Threats, pleas and other types of pressure are tried by the family. None of them has any effect.

Breakdown of Social Relationships

His drinking makes his friends move away from him. Significant relationships break down. The alcoholic continues to drink apparently unconcerned about this deterioration or the concern of those who care for him.

THE CHRONIC PHASE

Binge drinking

He drinks for several days continuously. He seems to have no regard for his family, job, anything. But he is laden with guilt. He promises never to drink. But it happens again and again and again.

Ethical breakdown

Dependence on alcohol makes him lose his values. He begins to lie, borrow or steal in order to maintain his supply of alcohol.

Balu joined a new organisation. Just before the weekend, he approached his colleagues saying that his wife had met with an accident and he needed money for treatment. He appeared very agitated. One week passed. Balu did not return for work. His colleagues visited his house to check what had happened. To their surprise, they discovered that his wife was fine and had not met with any accident.

Paranoia

The alcoholic now feels that everyone is watching him, talking about him and plotting against him. There is a loss of sexual desire / functioning in a male alcoholic and he suspects his wife of having affairs with other men.

Indefinable fear

He has vague fears which he is unable to remove or explain. He is frightened to do simple tasks like crossing the road, entering a dark room, etc.

Hallucinations

The alcoholic begins to hear voices and sounds, feels things moving on his skin and sees things which are not there.

Lack of motor coordination

At this point, he loses much of his motor coordination. He is unable to hold a cup, button his shirt till he steadies himself with a few drinks. He experiences tremors and feels alcohol will quieten them. He drinks and shakes and he shakes and drinks.

Vicious cycle

Now, the alcoholic has no choice. He feels low. He drinks to feel better. He gets sick and again continues drinking to feel better. He keeps on drinking for the sake of drinking. He drinks just to stay alive.

Understand that

ALCOHOLISM IS A TREATABLE DISEASE

AN ALCOHOLIC CAN BE TREATED AT ANY STAGE

TREATMENT BECOMES EASIER IF HELP IS SOUGHT IN THE EARLY PHASE



MEDICAL COMPLICATIONS ASSOCIATED WITH THE USE OF ALCOHOL

Many studies reveal that excessive drinking over a period of time leads to a large number of diseases. This is due to the toxic effect of ethyl alcohol (ethanol) upon the tissues and also due to malnutrition which at times accompanies heavy drinking.

Alcohol needs no digestion. It directly enters the blood stream and travels to all organs causing damages to each and every system.

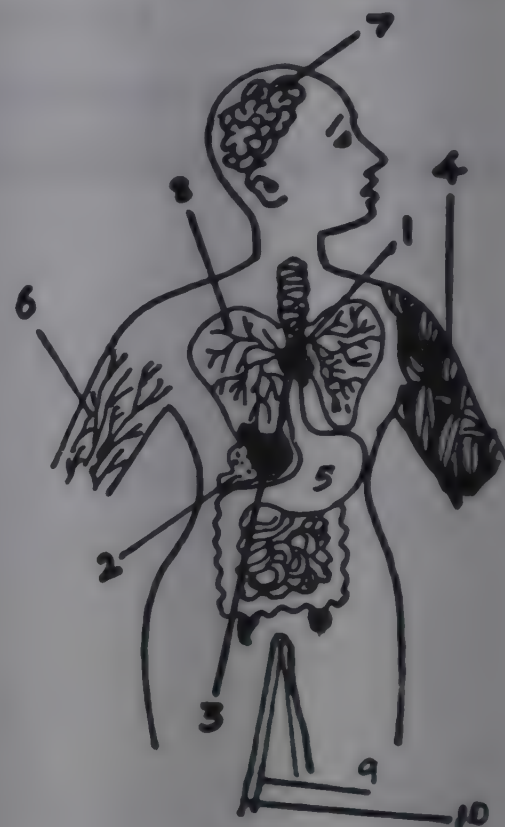
Liver

Alcohol causes three major pathological problems in the liver - **fatty liver, alcoholic hepatitis and hepatic cirrhosis.**

The most conspicuous effect of taking large quantities of alcohol, is fatty infiltration of the liver. Several vague gastrointestinal symptoms like nausea, loss of appetite may occur. The patient may develop jaundice which is generally mild. The liver is enlarged and non-tender. The patient recovers from fatty liver by mere abstinence from alcohol.

Alcoholic hepatitis is the common pathway from fatty liver to hepatic cirrhosis. This often follows severe or prolonged bouts of drinking. The condition is characterised by jaundice, fever and liver tenderness. The person may also have other symptoms which include weakness, fatigue, loss of appetite, nausea, vomiting and loss of weight. Some of the changes associated with alcoholic hepatitis are reversible, provided the person totally stops drinking and takes treatment. Treatment is essential for alcoholic hepatitis.

Hepatic cirrhosis is the end stage liver disorder. The liver is either enlarged and firm or can be shrunken. In a cirrhotic liver, there is widespread destruction of the liver cells. These cells are replaced by fibrous tissue which gives rise to a scarred liver. This condition is irreversible. Hepatic coma can occur. Treatment for cirrhosis consists of total abstinence from alcohol, prolonged bed rest and carefully balanced nutritional therapy; but, the liver can never regain its original size and shape; so the patient can never regain his original health.



1. HEART
2. PANCREAS
3. LIVER
4. MUSCLES
5. STOMACH
6. NERVOUS SYSTEM
7. BRAIN
8. LUNGS
9. SKIN
10. BLOOD

System affected	Problems seen	Name of the disease
Liver	Loss of appetite and weight	Fatty liver
	May have mild jaundice	
	Nausea, vomiting, acute stomach pain	Alcoholic hepatitis (Jaundice)
	Fever, tender liver, jaundice Vomiting blood (a serious condition), yellowness in face, eyes, etc., bulging stomach, swollen feet, red palms, skin rashes, wasting of muscles, sunken eye balls, swelling of parotid glands	Hepatic cirrhosis

Pancreas

Alcoholism is one of the major contributing factors to the incidence of **pancreatitis** - a chronic inflammation of the pancreas.

Acute pancreatitis produces severe abdominal pain, vomiting, fever and shock. This pain is steady and radiates to the back as it progresses. Abdominal tenderness is noticeable. Diagnosis is by ultrasonography and through blood test which would show an increased serum amylase level. Recovery is possible with proper treatment.

Repeated attacks of pain and malabsorption of food are signs of **chronic pancreatitis**. Chronic pancreatitis may also lead to diabetes. Even with treatment, the course of the illness cannot be modified, only predisposing causes can be eliminated.

System affected	Problems seen	Name of the disease
Pancreas	Loss of appetite and weight Agonising pain in the abdomen radiating to back, fever, vomiting	Acute pancreatitis
	Diabetes Chronic indigestion	Chronic pancreatitis
	Frequent urination, excessive thirst, repeated infection	Diabetes

Gastro-Intestinal tract

Alcohol is an irritant of the stomach and may produce **acute gastritis** characterised by nausea, vomiting, pain, loss of appetite and other signs of indigestion. Persistent vomiting may lead to a tear or rupture of the oesophagus. Discontinuation of alcohol together with a bland diet and antacids will result in prompt recovery from the usual **acidity** problems caused by excessive alcohol intake.

Repeated bouts of drinking can lead to **peptic ulcer**, which causes symptoms of pain and tenderness in upper abdominal region, vomiting of blood and passing of black motion (malaena). Heavy drinking can lead to cancer of the Gastro intestinal tract anywhere from the mouth to the rectum.

System affected	Problems seen	Name of the disease
Gastro-intestinal System (Stomach, intestines)	Pain in the stomach Burning sensation in the chest	Gastritis
	Nausea, vomiting, Acidic or sour taste in the mouth, frequent belching Loss of appetite/weight Blood in vomit (serious condition) or passing of black stools	Peptic ulcer

Heart

Alcohol intake has a direct toxic effect on the heart. This leads to a problem known as **alcoholic cardiomyopathy**. Its symptoms are chronic shortness of breath and signs of congestive heart failure. It causes enlargement of the heart, abnormal heart signs and disturbances in the cardiac rhythm. Alcohol consumption coupled with poor nutrition can lead to beri beri.

System affected	Problems seen	Name of the disease
Heart	Chest pain Breathlessness Palpitation	Cardiomyopathy

Blood

Heavy, prolonged drinking leads to folic acid deficiency, resulting in anaemia. It also results in decrease in white blood corpuscles due to which the patient becomes prone to infections like tuberculosis. There is also a decrease in the protein prothrombin in the blood due to which the time taken for blood to clot increases. Thus, there is difficulty in stopping bleeding if it occurs. Stopping drinking and proper medication and diet will help to improve the patient's condition.

The Nervous System

Peripheral neuropathy is the most common of all nutritional disorders of the nervous system. It is characterised by tingling and numbness, pain in the legs and / or arms, tremors, weakness and muscle wasting of different degrees and prickly sensation of the feet and fingers or burning feet.

Wernicke's Syndrome / Korsakoff's Psychosis

Depletion of thiamine (also called Vitamin B1) causes Wernicke's Syndrome and Korsakoff's Psychosis. In Wernicke's syndrome, the person is confused, apprehensive and delirious. Other symptoms are tremors, ataxia (loss of muscular control) and nystagmus (involuntary movement of the eyeballs due to paralysis of the eye muscles that control eye movements).

Korsakoff's Psychosis is characterised by distorted memory function, that is, loss of memory with confabulation (the confusion of fact with fantasy in memory). He is unable to store information due to severe brain damage. Ability to learn is severely impaired. Long-term medical help is required.

Chronic consumption of alcohol leads to cerebral atrophy causing dementia which is seen as loss of memory or regression of higher functions.

System affected	Problems seen	Name of the disease
Nervous System	Tingling, numbness of feet and hands followed by acute pin pricks	Peripheral neuropathy
	Change in gait, strange movement of eye balls, speech disturbances, tremors	Wernicke's Syndrome
	Loss of memory / distorted memory Ability to learn or remember impaired	Korsakoff's Psychosis

Reproductive System

There is a popular misconception that alcohol improves sexual functioning. Alcohol in fact decreases sexual performance although the desire exists. Since small amounts of alcohol reduce inhibitions in a person there may be an apparent increase in sexual desire. But, it is medically proven that prolonged drinking impairs not only performance but reduces sexual desire also eventually. Abstinence from alcohol and treatment can restore a person to normalcy.

Skin

Skin disorders are a result of vitamin deficiencies, inability to fight infections or because the person has neglected to take care of cuts and bruises when they become infected. All these find their primary cause in the prolonged abuse of alcohol.

Muscles

Alcohol damages the muscle tissue also. Excessive pain and weakness in the limbs occur. Chronic alcohol use can also cause peripheral muscle weakness and wasting.

Nutritional problems

Alcohol generates a large caloric yield because of the carbohydrate contents; but it does not supply any essential nutrients like proteins or vitamins. Alcoholics may suffer from severe malnutrition - protein, vitamin and mineral deficiencies. Apart from this, the direct toxic effects of alcohol on tissues which are responsible for absorption, modification and storage of essential nutrients add to such malnutrition.

Other complications

Psychiatric complications will also surface due to alcohol intake. Depression and psychotic states may occur secondary to the use of alcohol and may clear within some weeks of abstinence. The patient may have hallucinations or paranoid delusions. When we look at the countless complications related to alcohol use, there is only one remedy - **total abstinence from alcohol**.

A word with the General Physician

- You are the first person the problem drinker will approach to handle his physical problems. So, you have to feel comfortable in asking the patient about his drinking.
- The person will approach you for problems like gastritis, ulcer, neuritis, etc. If someone repeatedly comes with such alcohol-related problems, his drinking pattern has to be assessed.
- Blood test / Gamma-Glutamyl Transpeptidase (G.G.T) should be done to confirm problematic drinking.
- In case alcoholism is the problem, you are a very good source who can effectively intervene and motivate him either to give up alcohol use on his own, or refer him for appropriate treatment.

CHAPTER - V

THE NEED FOR A WRITTEN POLICY TO DEAL WITH ALCOHOLISM

In an Industry, any programme to deal with alcoholism, in order to be effective, should aim at identifying alcoholic employees in the organisation through poor job performance, and making them productive again by helping them to deal with their problem.

A clearly stated written policy is essential to the development of such a programme. This written policy must be made known to everyone in the Industry.

In fact, the following seems to be the 'unwritten policy' on alcoholism management - one which is practised by almost all Industries:

"Any employee (including executives) who can successfully conceal his problem with alcohol can carry on with his job and continue to get his pay and other benefits. Others around him also will keep their eyes closed. Such an employee can also avail any amount of sick leave, medical benefits for all his alcohol-related problems, like gastritis, ulcer, neuritis, etc. But the moment he makes it known that he is addicted to alcohol, he will be branded as a 'drunkard' and his services will be terminated."

This leads to a situation where one is reluctant to admit the existence of an alcohol problem and only when it reaches critical stages, will it be identified. Unless and until replaced by a clearly stated, written policy to deal with poor job performance caused by alcoholism, the unwritten policy will remain in effect and inevitably increase the chances of denial and concealment by all concerned. This in turn leads to several problems for the Industry.

WHAT ARE THE COSTS TO THE INDUSTRY?

Personnel costs

- High rate of absenteeism
- On the job accidents
- In case of terminating an employee's services, cost of termination as well as cost of replacing and training new staff.



Health care costs

- Medical benefits repeatedly paid without the employee showing any improvement
- Accident benefits paid



Hidden costs

- Employee's wrong decision leading to a number of losses
- Lowering productivity
- Friction among colleagues
- Damaged public image

These factors lead to heavy losses in terms of money and morale.

BUT, HOW DO THE INDUSTRIES PERCEIVE THIS PROBLEM?

Industries seem to think

- It is the problem of the individual and the Industry need not interfere.
- Alcoholics are 'dead enders' who cannot be helped.
- If the Industry acknowledges and accepts the presence of alcoholics in the workplace, then its image would be tarnished.
- Drinking is an accepted norm in society, and it cannot be a major problem.

With this perception, Industries adopt two traditional approaches to deal with alcoholism. They generally resort to one of these two alternatives

Tolerate the alcoholic employee as long as they can

or

If he becomes unmanageable, terminate his services

By tolerating, the Industry is sending signals that poor job performance will be overlooked and no action will be taken. As a result, lowered productivity and indiscipline will continue, bringing down the morale and image of the organisation.

Studies show that out of ten people who drink, two on an average will eventually develop problems with alcohol. Therefore, today there may be a few alcoholics in the Industry, but over a period of time, the number will increase. Especially in the night shifts, cases of workers attending their work under the influence of alcohol, will increase.



By resorting to termination of services, Industries are put to a lot of laborious procedures. Show cause notices have to be issued, explanations are to be heard, enquiries have to be carried out. This leads to waste of valuable management time and effort.

Both these approaches help neither the Industries nor the 'problem' employees in any way.

THEREFORE, INDUSTRIES NEED TO PERCEIVE ALCOHOLISM FROM A DIFFERENT POINT OF VIEW.

- * It is definitely the concern of the Industry, since alcoholism interferes with the job performance of employees.
- * It is established by the American Medical Association that alcoholism is a disease and an alcoholic employee can be helped by appropriate treatment.
- * By dealing with the problem, Industry reflects its care and concern.
- * Above all, if nothing is done, drinking would become a culture of the Organisation.

Industries can effectively take up an active role by identifying the problem employees, offer treatment alternatives and continue to keep in service the recovering persons.

To implement this programme, the Industry needs to develop a written policy, with commitment in the following areas:

Leadership commitment

- Open support from top management as well as from the union.

Resources commitment

- Willingness to allocate financial resources and delegate responsibilities to HRD / Medical personnel.

Strategic planning commitment

- Planning a well designed strategy that ensures effective implementation of an Employee Assistance Programme which in the long run, will create an alcohol-free environment in the Industry.

THE OBJECTIVES OF THE POLICY

- * Early identification of alcoholic employees by spotting poor job performance
- * Effective motivation to help them accept treatment
- * Steps towards general prevention



Some of the key factors to be kept in mind while developing a policy

- Active participation both by Management and Union in developing a policy
- Applicability of the policy to employees at all levels - Workers, Supervisors and Executives
- Acceptance of alcoholism as a disease, like other diseases
- Understanding that alcoholism is a disease which requires medical and psychological treatment and long term follow-up
- The willingness to refer for treatment, employees who are ready to accept help
- Providing sick leave benefits and cost of treatment to such employees
- Maintaining confidentiality regarding employees who avail help
- Treated and improved patients to be made eligible for due promotions
- Understanding relapses as part of the disease and be willing to give one or two opportunities for employees to show improvement
- Employees who take help need not be given any special privileges or exemption from routine working regulations
- Employees not willing to accept help or not improving even after treatment, face the consequences of poor job performance

The new approach is not difficult to implement

- * This policy can be implemented through existing staff structure
- * It can be operated through existing personnel procedure
- * Implementation of the programme is simple. It can be tailored to fit all types and sizes of Industries.

There are certain specific issues to be kept in mind to make the programme workable and effective.

PROCEDURES FOR CASE HANDLING

Supervisory / Managerial training

Once the policy has been adopted, a simple set of procedures for case handling should be set up. Supervisors / Managers need to be directly involved in the implementation of the programme. They need not learn the symptoms of alcoholism, nor are they required to confront employees about their disease. Instead, they can stay within the framework of their basic responsibilities for maintaining satisfactory job performance.

The key to success in any Employee Assistance Programme is offering training to Supervisors / Managers on

- a) Policy of the organisation relevant to work performance issues.
- b) Methods to identify and document poor job performance among employees.
- c) Skills in confronting problem employees.
- d) Procedures for referral.

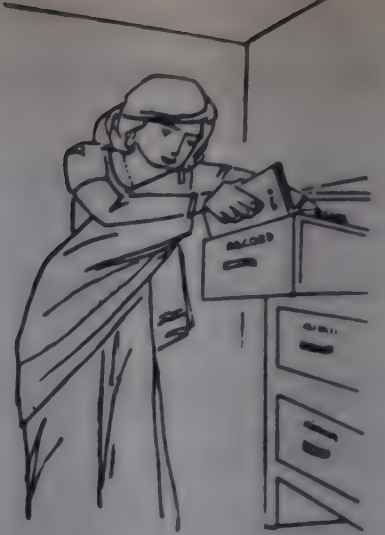
Referral System

In every Industry, there has to be a person either in the Medical or in the Personnel department, who would be in charge of implementing the Employee Assistance Programme. This person should have extra knowledge on alcoholism, treatment facilities available and should be trained in motivational skills. On identifying problem employees, Supervisors / Managers need to refer them to this trained person. He would, in turn, assess, motivate and refer them for help.



Record keeping system

An Employee Assistance Programme should include a record keeping system which assures confidentiality to the employees. Information about individual cases need to be recorded. The progress of the patients has to be assessed periodically.



Employee Education Component

All Employee Assistance Programmes should have an educational component, designed to offer information to employees on various aspects of alcohol and alcoholism, methods to improve the quality of their lives, etc.

The disease concept should be explained in simple, easily understood terms.

A list of signs and symptoms should be talked about which serves as a tool for self-diagnosis.

Employees and their families must be made aware of the organisation's written policy on alcoholism, together with information on procedures for obtaining help.

Evaluation

Periodical evaluation is recommended to see if the programme is cost effective. The implementation of the Employee Assistance Programme also needs to be constantly monitored for effectiveness and maximum benefit to all employees.

In short, the Employee Assistance Programme

- Demonstrates a commitment from the Industry to eliminate alcohol abuse and ensure efficient job performance.
- Helps in training Supervisors / Managers to identify poor job performance among employees, confront them and refer them for treatment.
- Provides employees an opportunity to stop their abuse.
- Assesses their progress and encourages rehabilitation through regular follow-up.
- Provides training as well as education on Alcohol and Alcohol-related problems.

CHAPTER - VI

A MODEL POLICY

Employee Assistance Programme can be implemented through the Industry's clear-cut, written policy on alcoholism management. This written policy will focus on poor job performance caused by abuse of alcohol. Following is a sample which Industries can use as a guideline while formulating their policy.

1. Applicable to all

The policy is applicable to employees at all levels - workers, supervisors and executives.

2. Indicator - Poor Job Performance

Alcoholism is a disease in which an employee's consumption of alcohol definitely and repeatedly interferes with his job performance.

3. Treatable disease

Alcoholism is recognised as a disease for which effective medical and psychological treatment and follow-up services are available. This makes alcoholism comparable to any other disease like tuberculosis, heart disease or diabetes.

4. Same benefits as for other diseases

Employees having this disease will receive the same consideration and offer of treatment presently extended, under existing benefit plans, to all those suffering from any other disease. The cost of treatment and sick leave benefits will be made available.

5. Self-referral

Employees who suspect that they may have an alcoholism problem even in its early stages, are encouraged through the policy for self-referral in order to arrest the disease as early as possible.

6. Career Growth

Job security or promotional opportunities will not be jeopardised because of a request for diagnosis and treatment. Treated and recovering employees showing improvement in work performance are eligible for due promotions and due increments.

7. Confidentiality

The employee's right to confidentiality and privacy is recognised. Pertinent information and records of employees with alcoholism will be preserved in the same manner as all other medical records.

8. **Attitude towards relapses**

Relapses may occur in treated employees. One or two opportunities for employees to show improvement need to be given.

9. **Consequences of not availing help**

It will be the responsibility of the employee to comply with the referral for diagnosis and to cooperate with the prescribed treatment. An employee's refusal to accept treatment or failure to respond to treatment, will be handled in the same manner as when job performance continues to be adversely affected due to any other reason.

10. **Alcohol-free work environment**

Employees reporting to work under the influence of alcohol should be strictly prohibited from entering the Industrial premises. The use of alcohol testing kit should be implemented.

11. **No extra privileges**

Implementation of this policy will not require or result in any special regulations, privileges, or exemptions from the standard administrative practices applicable to job performance requirements.

Benefits arising out of this policy

- * Since the policy is formulated on the understanding that alcoholism is a treatable disease, it opens up a new door, dispensing with the old practices of covering up and protecting the alcoholic, unnecessarily tolerating his deteriorating work performance.
- * It enables the management to take corrective measures to ensure quality job performance.
- * Since it is applicable to people of all levels, it determines the overall growth and image of the Industry.



CHAPTER - VII

METHODS TO IDENTIFY ALCOHOLICS THROUGH POOR JOB PERFORMANCE

Who is an alcoholic, from the standpoint of the Industry?

An alcoholic is one whose uncontrolled drinking leads to continuing problems in his work performance, and, in spite of such problems, he does not stop drinking.

How does one identify an alcoholic employee?

Continuing and repeated poor job performance is often the first indicator of an employee's increasing loss of control over drinking.

The key words in relation to job performance problems are 'continuing' and 'repeated'.

Here is a list of symptoms by which you can identify alcoholic employees.

INDICATORS OF POOR JOB PERFORMANCE AMONG WORKERS

Absenteeism

Instances of taking unauthorised leave frequently, i.e., taking leave without prior intimation.

Absence on Mondays, Fridays; continued absence immediately following festivals, holidays, pay day, etc.

Vague reasons given for absence.

Higher absenteeism rate than other employees for fever, stomach ache etc.

Excessive sick leave availed.

'On-the-job' Absenteeism

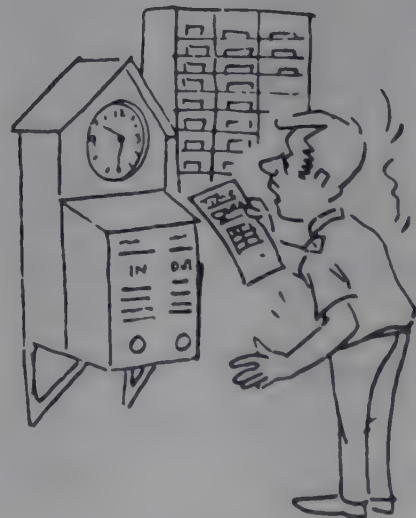
Coming to work late

Leaving work place early

Frequent visits to toilet, canteen, etc.

Complaining frequently of headache, stomach pain and inability to work (frequent visits to dispensary)

Unable to keep awake during night shifts



Lowered Job Efficiency

Decreasing efficiency compared to past performance

Missing deadlines

Frequent mistakes due to poor judgement

Complaints from customers of being irritable

Erratic job performance

Difficulty in Concentration

Unable to remain alert, functions in a sloppy manner

Takes more time and effort to perform due to increased fatigue

Difficulty in recalling instructions, details

High Accident Rate

Accidents on-the-job

Accidents off-the-job (but affecting job performance)



Other Indicators

Shabby appearance

Wide mood swings

Withdrawn and preoccupied

Talking 'big' about his abilities



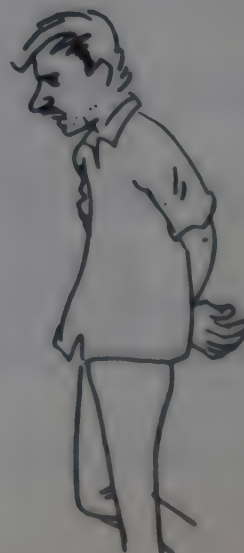
Poor Inter-personal Relationship

Defies authority

Overreacts to criticism

Complaints from colleagues - 'difficult to get along with'

Avoids colleagues



Avails all types of loans / borrows money from other employees

Ignores rules and regulations. For example, the alcoholic employee does not use safety equipments like eye masks, helmet

Does not take care of machinery, tools

May smell of alcohol

These symptoms are applicable to all employees in general. However, certain other specific symptoms are noticeable in Supervisors and Managers.

Deterioration in Job Performance of the Supervisor

Becomes lax in supervisory duties

Issues conflicting instructions

Uses employee's time and skills inefficiently

Submits incomplete reports and data

Gets subordinates to cover up his shortcomings

Fails to coordinate schedules

Begins to let safety standards slip

Decline in Job Performance of the Manager

Inconsistent in issuing instructions

Unable to take decisions on time

Fails to coordinate schedules

Does not stick to proper timings - comes in late, goes off early claiming to go to the factory or meet clients, etc.

Unable to maintain discipline among staff

Mismanages budgets

Spends a lot of advance money during tours

Produces exorbitant entertainment bills

Paper work and other routine work left unattended for no apparent reason



However, one has to keep in mind that all employees exhibit some of these job performance deficiencies occasionally. Therefore, one needs to become alert and take action only if there is repeated or continuing problems in an individual's work efficiency.

MOTIVATING ALCOHOLIC EMPLOYEES TO SEEK HELP

Having understood who an alcoholic is from the point of view of an Industry, we need to keep certain guidelines in mind to motivate him to take help.

Quite often, Supervisors tolerate and cover up the problem employees. Instead of taking action, they may deny, minimise, justify or ignore the problem. Dealing with the problem is no more a matter of choice; it has become the job requirement of Supervisors / Managers. The written policy gives clear cut procedural instructions to deal with this issue.

After identifying the problem employee, how does the Supervisor / Manager motivate him to take help?

I Stage

- Monitor job performance and attendance
- Document any deterioration
- Informally discuss with the employee the need for improvement
- Set a time limit by which improvement must be shown

II Stage

When things do not improve, the Supervisor along with the Personnel / Welfare Manager has to follow this procedure to confront the employee.

- The Supervisor should prepare a detailed documentation of the employee's job performance deficiencies - specific dates when absent, specific deadlines missed, errors in work, incidence of unacceptable behaviour, etc.
- The focus of the initial interview should be on job performance. No opinions or judgements as to the cause should enter the discussion.
- The employee should be given the right to have union representation at the interview.
- After his job performance has been reviewed, the employee should be told what sort of standards must be met in the future. At this point, the employee may accept or reject the offer. If the employee accepts his problem, he should be referred to the trained person in the Personnel / Medical Department for further action.



III Stage

- If the employee's job performance improves, there is no longer any problem. (He may have given up drinking on his own).
- If job performance problems recur, the employee should be offered a firm, fair choice between the offer of confidential help or acceptance of disciplinary consequences of poor job performance.

In a majority of cases, fear of losing the job motivates the employee to accept treatment.

The process is outlined below

Identification and Referral

Poor job performance

Frank and firm talk by supervisor

Condition not improving

Direct him to Personnel / Medical Department

Employee cooperates

Referral for treatment

Satisfactory progress

Occasional relapses but progress good

Work performance improves

Rehabilitated as productive employee

Employee does not cooperate

Disciplinary action

Rehabilitation unsuccessful

Further disciplinary action

Poor job performance continues

Final disciplinary action

While dealing with alcoholic employees, the following guidelines have to be kept in mind by Supervisors / Managers.

You should

- ~ Avoid diagnosing the problem. Focus attention only on poor job performance. **Not a word** about drinking.
- ~ Talk about his drinking only if it happens on the job or he reports to work obviously drunk.
- ~ Avoid giving advice, as it may not be of any help. Even though he may be aware of most of his problems, he is unable to give up drinking without professional help.
- ~ Avoid covering up as a friend. Do not take over the employee's responsibilities. This will lead to delay in his seeking help.
- ~ Avoid being 'trapped' by the alcoholic employee's sympathy evoking tactics. The excuses are given only to justify his drinking.
- ~ Avoid losing your temper. It only leads to deterioration in the relationship. It does not help because **he is a sick person who needs treatment.**

TAKE ACTION. HE NEEDS HELP.



CHAPTER - IX

TREATMENT

The disease of alcoholism affects the person physically and psychologically. Therefore, therapy for the alcoholic should also address the person in his totality.

A **comprehensive** treatment programme, implemented by a **multi-disciplinary team** has been found to be the most beneficial, to achieve the best possible results.

There are four broadly based phases in the treatment of alcoholism:

- Identification / intervention
- Detoxification
- Psychological therapy
- Follow-up

A 'Model' treatment programme

TTK Hospital / T T Ranganathan Clinical Research Foundation is a voluntary, secular, non-profit, welfare organisation, dedicated to the treatment and rehabilitation of persons addicted to alcohol and drugs. It was established in the year 1980 and so far has treated around 7,000 patients.



This 55 bed hospital at Madras offers the services of a team of competent professionals, skilled in their areas of specialisation and deeply committed to the mission.

Treatment at the TTK Hospital aims at

- ★ **Total abstinence from alcohol and drugs for life**
- ★ **Effecting positive changes in the behaviour and attitude of the individual to enhance the quality of his life.**

In-patient treatment

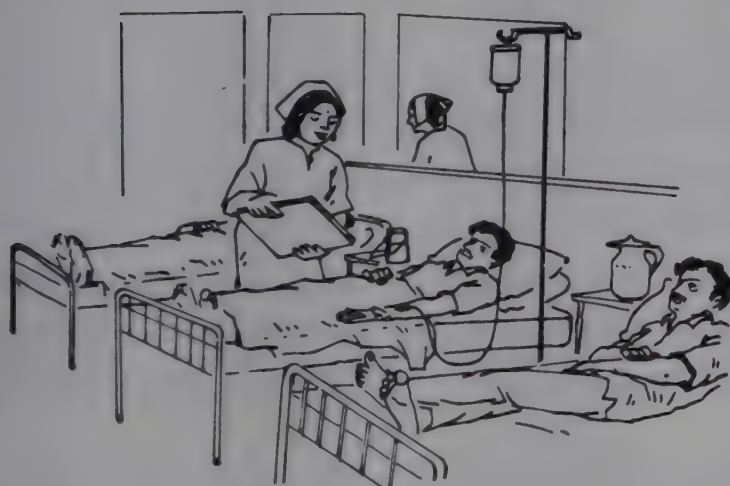
The in-patient treatment programme at the hospital is a residential, multi-disciplinary therapeutic programme, conducted by a professional team made up of a psychiatrist, physicians, psychologists, social workers, counsellors and nursing staff. The duration of the treatment programme is four weeks.

The treatment programme has been drawn up to offer the patient medical help and psychological support that will enable him to recover from the disease of addiction.

Identification / Intervention

This is done by family members, friends, employers and well wishers.

Most alcoholics fail to realise and admit that alcohol is the cause of their problems. Making them realise this and motivating them to take help is called intervention. This can be done most effectively by people who play significant roles in the alcoholic's life.

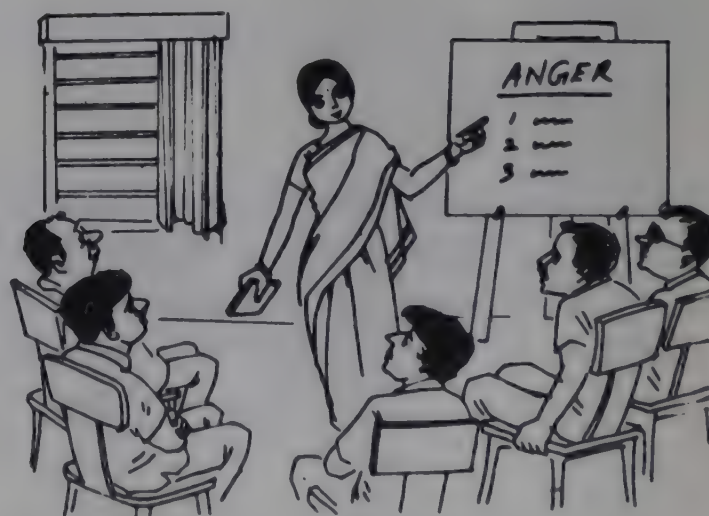


Detoxification

Patients are admitted to the detoxification unit where the required medical treatment is given. Withdrawal symptoms due to sudden stoppage of alcohol usage, instances of acute intoxication and chronic health problems associated with addiction are dealt with during detoxification. When the physical condition of the patient stabilises, he is transferred to the psychological therapy wing.

Psychological therapy

The psychological therapy consists of individual counselling, lectures, group therapy, relaxation techniques, recreational activities, etc. Individual care and attention are given to each patient during therapy.



Programme for the family

Addiction to alcohol / drugs is a 'family disease' that affects not only the addicted individual, but also his family members. The hospital offers a family programme providing information about the disease of addiction and its impact on the family. The family is given emotional help to cope with the stress caused by the behaviour of the addict. The programme gives guidelines on how to support the alcoholic in his recovery. The programme includes lecture sessions, group discussions, assignments and counselling.



Programme for the children of alcoholics

Children form an integral part of the family. Addiction destroys feelings of love, security and warmth which are necessary for the normal development of children. These children need a lot of understanding and help. The programme for the children of alcoholics consists of story telling, exercises, drawing, etc. These are aimed at educating them about alcoholism, relapse and recovery.

Follow-up

Follow-up is a very important part of the treatment programme. Follow-up facilities are provided for five years after the primary treatment. To help them in their recovery process, the following facilities are offered.

1. Medical help

Patients are encouraged to meet the doctor to seek medical advice and report on their progress.

2. Counselling

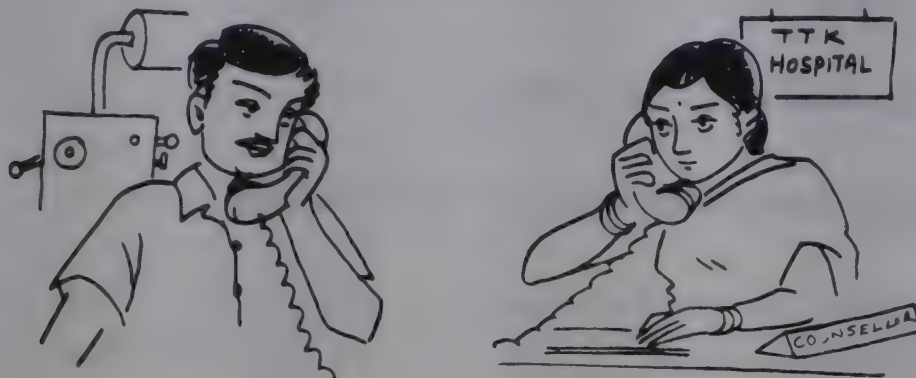
This helps the patient to face his problems like inability to cope with tension, difficulty in taking up responsibilities, etc., and deal with them appropriately. Marital counselling is also provided. Even if there are no problems, the patient is expected to meet the Counsellor with his family member to report about his progress.

3. Letter writing

The patient is asked to write regularly to his Counsellor about his welfare. Counsellors will also periodically write to each patient.

4. Telephone calls

Patient can contact his Counsellor over the telephone. Apart from these, patients are asked to attend Alcoholics Anonymous meetings regularly. These meetings serve as further support in their recovery process.



Social support programme

To ensure proper follow-up, a social support programme is conducted at the Hospital every alternate Saturday. This programme involves individuals like supervisors, managers, friends, family members. They are told about the disease of addiction and their role in the recovery of the patient. Contact with the support persons helps in stabilising recovery and ensuring regular follow-up.

WHAT IS THE ROLE OF TTK HOSPITAL?

- * We help Management and Union Members to develop a written policy.
- * We train Supervisors to identify early phase alcoholics through deteriorating job performance.
- * We give lectures on 'Alcoholism a disease', 'Availability of treatment' and other related topics to Employees.
- * We conduct exhibitions of posters on Alcohol and Alcoholism, Smoking and Drug Abuse.
- * We treat patients referred by Industries and maintain follow-up.

Our authentic experience in having treated over 7,000 patients during the last 14 years, has strengthened our belief that "addicts when provided with timely treatment and support can lead better lives free of alcohol and drugs." This deep rooted conviction supported by experience, forms the underlying philosophy of treatment provided at the hospital.

CHAPTER - X

IMPORTANCE OF FOLLOW-UP AND ROLE OF THE SUPPORT PEOPLE

To help the alcoholic in the recovery process, it is very important that he has well wishers - support people, who are willing to assist him in his recovery.

The reasons behind having support people are

- to give additional help and support to the recovering person
- to help in rehabilitating him during his recovery
- to help prevent relapses from occurring and
- to bring him back for treatment in case he relapses.

Follow-up is a very important part of the treatment programme. The patient is asked to meet Doctor / Psychiatrist / Counsellor during follow-up. As part of the five year follow-up services, medical and psychological help are offered.

Period following treatment

Frequency of visits

1st - 3rd month

Once in fifteen days

4th - 6th month

Once a month

7th - 12th month

Once every two months

After 1 year

Every quarter

The first one year after the primary treatment, is a very crucial period for the patient.

The patient will be on the following medications

1. Disulfiram (Antabuse)
2. Vitamins
3. Other medications, if prescribed.

1. **Disulfiram** is prescribed to help the patient abstain from alcohol. It serves as a deterrent to the alcoholic, because severe adverse reactions are produced if alcohol is consumed after taking disulfiram. The patient is advised to take Disulfiram (one tablet daily) for a minimum period of one year. Once he crosses the first year without drinking, it paves the way for his future sobriety.

Some precautions to be kept in mind while the patient is on Disulfiram.

- a) The patient should not consume even a small amount of alcohol after taking Disulfiram. It produces several unpleasant effects like flushing, sweating, palpitation, shortness of breath, discomfort in the chest, fall of blood pressure, blood vomiting, unconsciousness, etc. It can become life threatening.
- b) If the patient has consumed alcohol over Disulfiram, it is an '**Emergency.**' The patient has to be taken to a nearby Hospital. The patient has an emergency card which has to be shown to the doctor.

Sri..... is our patient and is on **Disulfiram Tablet**. If you find him unconscious, vomiting and with low B.P., it is **probable** that the person has taken **alcohol** when on Disulfiram Tablet against medical advice. Hence, he should be treated as an **Emergency Case** and the following treatment should be given immediately.

1. 5% Dextrose or G.N.S. drip be given immediately and followed by:
2. Injection Decadron - 2 Vials I V
3. Injection Avil - 1 Amp. I V
4. Injection Vitamin C - 2 Amp. I V

The B.P. of patient should be monitored till restored to normal.

This card gives the list of necessary medications to be administered in this condition. Ensure that this is done immediately to revive the patient. If not attended upon, the patient's life will be in danger.

- c) During recovery, even cough syrups or tonics containing alcohol should not be taken by the patient, as this can precipitate a reaction.
 - d) Even if there is a suspicion that the patient might have taken alcohol, disulfiram should not be given,
2. Vitamins are given for the improvement of general health of the patient.
 3. Other medications like anti-depressants, anti-psychotics, etc. are prescribed if necessary. These medicines have to be taken by the patient for 3 to 6 months. The patient has to periodically review the dosage with the Doctor / Counsellor.

UNDERSTANDING RELAPSE SYMPTOMS

Relapse can and does occur with some alcoholic patients. It is part of the disease of alcoholism. Relapse is a process that creates an uncontrollable craving for alcohol. Prior to drinking, a set of warning signs occur.

Some of the significant warning signs that appear before the patient goes back to drinking are as follows. The patient

1. Becomes over-confident - ignores follow-up measures. Example: "I can take care of myself." "I don't need the Counsellor's advice."
2. Appears depressed - does not communicate, prefers to be alone.
3. Becomes irritable, angry, argumentative, resentful over minor issues.
4. Indulges in gambling etc.
5. Makes major decisions without adequate thinking.
6. Is unable to eat / sleep properly.
7. Stops taking disulfiram tablets and other medicines.
8. Goes with drinking friends.
9. Stops meeting Counsellor / going to A.A. meetings.
10. Talks about social drinking.



If these symptoms are seen repeatedly, the patient has to be persuaded to meet his Counsellor.

Relapse is preventable.

METHODS TO HANDLE RELAPSE

If the patient has started drinking again, bring him to the Hospital. Guilt feelings are very high during the first few days. Therefore, be supportive and make him understand that with help, he can recover. He needs medical help and counselling.

YOUR ROLE AS A SUPPORT PERSON

You, as a support person have an important role to play in the recovery of the patient. We need your help in the following areas.

1. When no news is received from the patient and his family members, we will contact you to get necessary information.
2. If the patient changes his residence, we request you to intimate his new address to us.
3. If you notice any relapse symptoms, we request you to talk to the patient and help in preventing the relapse.
4. If the family member finds it difficult to bring the patient back to the Hospital when he has relapsed, we request you to motivate him to take help.

Even if there are no problems, it is important that you keep in touch with the patient regularly and encourage him in the progress he makes during recovery.

EDUCATION AND PREVENTION STRATEGIES

The Employee Assistance Programme is incomplete without education and prevention strategies. This includes creating an awareness among the employees and their family members about the disease of alcoholism, the policy of the organisation and about the need to take help. It also throws light on the need to improve one's life style and resort to healthier ways of living. Ultimately, these programmes aim at creating a healthy, alcohol-free work environment, beneficial both to the employer and the employee.

1. Awareness programme on alcoholism

This aims at creating an awareness among all members of the organisation that alcoholism is a treatable disease. This can be effectively done through lecture sessions / discussions using audio visual aids, video films, pamphlets, posters, etc.



2. Information on the policy / procedures

For an Employee Assistance Programme to be effective, the organisation should ensure that everyone is acquainted with its policy and procedures. Every employee needs to have information on the details of the written policy and the procedure to make use of the programme. Publishing an article in the organisation's 'newsletter' is an effective way of introducing the programme to the employees. Posters can also be displayed in the workplace to publicize the same.



3. Involvement of family members

The family members play a vital role in the employee's welfare. They need to be informed about the policy of the organisation. Whenever there are opportunities to conduct self improvement programmes, they can be made to participate as couples. Some of the topics which can be included are 'strengthening self-esteem', 'financial budgeting', 'parent-child relationship', 'dealing with anger', etc.

4. **Personal and professional training**

Programmes addressing personal and professional growth may be designed with the help of in-house faculty, and resource persons from other organisations may also be involved. The overall development of individuals at the personal and professional front, is a must for the growth of individuals and the Industry as a whole.

5. **Providing positive alternatives**

It is important to provide positive alternatives which will help employees focus on constructive activities rather than spend their leisure hours in negative ones like drinking, gambling, etc. In-door and out-door recreational facilities will provide healthy outlets for employees. Getting them involved in yoga / meditation sessions helps. Organising some pleasure trips for employees and their families as a group paves the way for a healthy relationship.



These programmes need to be conducted at periodical intervals on a regular basis to bring about the desired change. They provide a sound base for the HRD to function effectively. Above all, they help in preventing drinking, gambling and other negative types of behaviour which cause a major concern to Industries.

CHAPTER - XII

CLARIFICATION OF COMMON DOUBTS THROUGH SCIENTIFICALLY ESTABLISHED FACTS

.....About Alcohol

1. "Alcohol helps build my body and improve my health" - Is it true?

No. Alcohol has no nutrients. It contains only empty calories.

Alcohol is a toxic (poisonous) substance which causes damages to all parts of the body.

On the other hand, good food, adequate rest and exercise help improve health.

2. Does alcohol take away the tiredness after a day's hard work?

No. Alcohol only dulls the senses for the time being and gives an illusion of relief. Regular use of alcohol affects the nerves and muscles and interferes with work performance. On the other hand, a warm bath, good food and adequate sleep will help in removing tiredness.

3. During social gatherings, alcohol adds to the fun. Isn't it so?

Not at all. Fun is derived from talking to people, eating good food and feeling relaxed. When heavy drinking goes on, meaningful conversation comes to a standstill, arguments frequently start and many are too drunk to have any fun.

4. He drinks a little every weekend. Is it okay?

Not okay at all. Regular use of even small quantities of alcohol may lead to alcoholism. Even if it does not hurt immediately, over a period of time damages are bound to develop.

5. When friends force a person to drink, is it okay to say No?

To drink or not to drink is a personal decision. He has a right to stick to his decision. Real friends will only respect his decision to stay off alcohol.

6. Alcohol stimulates a person, and improves his functioning. Is it true?

No. Alcohol is a depressant that slows down the functioning of the brain. In small quantities also, it dulls the areas which regulate inhibitions, judgement and self control. So, drinkers may feel a false sense of confidence and conclude that their performance has improved, when in reality it would have declined.

7. People drink when they have problems. Does it not help them to feel better?

Alcohol may help them forget their problems, until the 'high' lasts. But, it definitely is not a magic wand to make problems disappear.

Alcohol intensifies negative feelings like anxiety and depression, and problems only look worse after the 'high' wears off.

8. If he does not drink, his hands shake and tremors stop only if he has a drink. Why?

He has become physically dependent on alcohol.

His body has got used to functioning only in the presence of alcohol.

When alcohol is absent, his body refuses to function and he gets tremors

.....**About Alcoholism**

9. Why do you say an alcoholic is suffering from a disease? Is he not drinking wilfully?

His body and mind have become dependent on alcohol

He is able to function only when he drinks.

He is unable to control the quantity, time or occasion of drinking.

In spite of alcohol affecting his life, he is unable to stop. Clearly he is not drinking out of spite, nor is he being wilful when he drinks in this fashion. He is suffering from a disease.

10. Every year he gives up alcohol for 40 days to go on a pilgrimage. Does this not show his control over his drinking?

An alcoholic can stop drinking for a set period of time, during which time he manages his discomfort. After the set period, when he starts drinking again, he totally loses control and gets back to obsessive drinking.

11. The alcoholic often says he has no problems in life even though they are obvious. Why? How can we help such people?

The willingness to give up alcohol in an alcoholic is always more than what is seen on the surface. He has lived so long with alcohol, that the fear of withdrawal symptoms is high and the very thought of having to stop drinking completely is frightening. When we listen attentively and with compassion and provide facts about alcoholism and its treatment, he will respond and then he can be helped.

12. Family members often say that if they get him a job, get him married or take him to a new place where he cannot meet his friends, he will stop drinking. Will these work?

Wherever he is and whatever he does, he has the disease of alcoholism. The only way out of this disease is not to drink at all. Marriage, job or new place do not really help.

13. Can the alcoholic drink small quantities of alcohol?

No. His body has developed dependence on alcohol. As soon as he drinks a little, the need to drink more develops and then he is unable to stop.

He has no control at all over his drinking. The only way out is to refrain from drinking

.....**About Treatment**

14. Treatment for alcoholism - does it mean shock treatment or operation?

Neither an operation nor shock treatment is required. He needs medical help to deal with his withdrawal symptoms and a lot of psychological support to give up drinking. Treatment aims at helping him understand the need to give up alcohol completely and also make a few positive changes in his lifestyle.

15. Will the alcoholic go back to drinking after treatment?

Some alcoholics, even after undergoing treatment may go back to drinking. This is called a relapse. He can be motivated to meet his counsellor/doctor before his drinking becomes uncontrollable.

16. Can chronic phase alcoholics be referred for treatment?

The chances of recovery with chronic phase alcoholics are less. They may not be able to give back their best to the Industry. Referring early / middle phase alcoholics gives better results.

17. How many relapses should we overlook?

Even if one or two relapses occur, as long as the alcoholic's job performance has not been affected adversely and he is willing to take help, he can be given a chance

.....**About Programme for Industries**

18. Why should the Industry have a policy at all?

If there is no clear written policy to deal with the problem of alcoholism, the programme disappears along with the individual Managers who have shown interest in this area. Once made into a written policy, it becomes a part of the Organisational system.

19. By having a policy, does not the Organisation sanction drinking?

Definitely not. By having a written policy, it only provides an opportunity for alcoholics to take help and also ensures an alcohol-free environment by creating an awareness among employees about healthier alternatives.

OUR EXPERIENCE WITH SOME INDUSTRIES

Many Industries have implemented the Employee Assistance Programme and have been referring alcoholic employees for treatment. Apart from referring for treatment, they have also initiated continuous educational programmes at various levels to create an awareness among the employees.

About 26 Industries have been referring patients and are exposed to our programmes. Our experience with three Industries is given below and may be taken as case studies for your reference.

HINDUSTAN MOTORS LTD., TIRUVALLUR - PRIVATE SECTOR

The programme at Hindustan Motors Ltd., was initiated by the Personnel Department. They referred one patient on an experimental basis. Gradually more of them were referred and as they saw positive results and were convinced, a policy was drawn.

Treatment

Number of patients referred : 22, from October 1988 till March 1994

Referral

Personnel Department

Expenses towards treatment

For patients (for one month)

- Treatment charges
- Bed charges
- Medical expenses
- Food expenses

For family members

Nil

Leave

The employee has to avail accumulated leave facility or go on loss of pay.

Follow up

The patients are asked to visit our Hospital once in 15 days for the first three months and once a month for the next three months. They are asked to come once in two months for the next six months. During their visits review of their recovery is done by the Counsellor,

and Doctor. Necessary medication is prescribed and counselling is offered.

Apart from this, two counsellors from our Hospital visit the Industry once in three months as part of follow-up. The Assistant Manager (Personnel) also participates in these sessions.

During our visit we offer counselling, lecture sessions for patients and their family members.

Relapse

The Industry is willing to support patients in case of relapse. But the patient has to bear the expenses towards treatment.

The Industry will take disciplinary action if job performance continues to deteriorate on account of relapse.

Prevention and Awareness Programmes

Programmes are conducted periodically for Managers, Supervisors, Workers, etc. on topics like alcohol and alcoholism, improving quality of life, etc.

POLICY ON REHABILITATION OF ALCOHOLIC EMPLOYEES - DEVELOPED BY HINDUSTAN MOTORS LTD., TIRUVALLUR.

Having "Concern for the People" as one of the thrust areas, Hindustan Motors Limited, Earthmoving Equipment Division, considers alcoholism as a disease and employees who are addicted to alcohol need to be rehabilitated. HM believes that rehabilitation programme will benefit the employee, his family and the organisation as a whole.

HM strongly believes that while such a rehabilitation programme will benefit the organisation by way of good attendance, better productivity, etc., it will also benefit the employee's family by his increased earnings.

In order to have an uniform procedure to be adopted for the rehabilitation programme, the undermentioned norms/guidelines/points should be strictly followed:

1. Alcoholic employees may be identified by the department concerned or Personnel Department.
2. An alcoholic employee who is self determined to give up this habit has to make an application requesting the management to send him for treatment. The application should be routed through the concerned Departmental head to Personnel Department.
3. The Officer of the Personnel Department will make a home visit of the concerned employee and discuss the matter with his family members.
4. the company will consider the following points while sending employees for treatment under the rehabilitation programme:

- a) The employee should avail of leave to his credit for the treatment period. The expenses for the treatment alone will be borne by the company (expenses will include bed charges, medicines and food during hospitalisation). In case the employee doesn't have sufficient leave to his credit, the company may grant advance leave subject to a maximum of 15 days with pay.
 - b) In case the employee doesn't have leave to his credit and happens to be a chronic absentee, the treatment period in hospital will be treated as leave on loss of pay. In such cases, the company will grant a sum of Rs. 1,000.00 as salary / wage advance to his family. This amount will be recovered from his monthly salary on easy monthly instalments. The entire expenses for treatment will be borne by the company.
5. A formal approval note will be initiated by Assistant Manager (Pers) which will subsequently be authorised by Personnel Manager and approved by Vice President before sending an employee for treatment.
 6. Only on receipt of the approval, the alcoholic employee will be sent for treatment. Original approval to be sent to Finance Department and copy to employee's file.

Post Rehabilitation

7. Based on the recommendations of the authorities of the hospital, the rehabilitated employee will be considered for regular day shift for a period of one month. However, this will be reviewed on the merits of the cases.
8. For the monthly follow-up treatment (to meet the Counsellor and take medicine) in the hospital, the rehabilitated employee has to apply for leave.
9. After hospitalisation period is over, if the rehabilitated employee needs to take medicines, the expenses towards the same will be borne by the employee himself.
10. In case the rehabilitated employee slips back to this habit again, the company will refer his case to hospital, based on his request. No expenses towards his treatment and other expenses will be met by the Company.
11. A regular review would be made by the department concerned with regard to the attendance, job/work performance, behaviour, etc., of the rehabilitated employee.

APPROVAL FOR REHABILITATION OF ALCOHOLIC EMPLOYEES

NAME :	BALANCE LEAVE PARTICULARS AS ON.....	LAST MONTH SALARY/ WAGE DETAILS (Rs.)
EMP. NO.:		
DEPT. :	EL/PL SL CL	GROSS NET

HOME VISIT DETAILS

DATE VISITED : OTHER DETAILS, IF ANY:

TREATMENT AT.....HOSPITAL

1. TREATMENT EXPENSES AT HOSPITAL :
(Bed/Medicines/Food Expenses)
2. TREATMENT EXPENSES AT HOSPITAL WITH
ADVANCE LEAVE WITH PAY FOR DAYS :
3. TREATMENT EXPENSES AT HOSPITAL, LEAVE
ON LOP ... DAYS WITH SALARY/WAGE ADVANCE
OF Rs. 1,000.00 RECOVERABLE IN EQUAL
.....INSTALMENTS. :
4. ANY OTHER (PLEASE GIVE DETAILS) :

ORIGINATED

AUTHORISED

APPROVED

FOR PERSONNEL DEPARTMENT USE

DATE OF ADMISSION :

ADVANCE AMOUNT PAID :

CHEQUE NO. :
DATE :

FINAL BILL SETTLED ON :

CHEQUE NO. :
DATE :

BHARAT ELECTRONICS LTD., BANGALORE - PUBLIC SECTOR

The Welfare Manager initially invited us for a programme on Alcoholism Management. It was then that patients were referred to us.

Treatment

Number of patients referred : 52, from September 1988 to March 1994

Referral

Welfare Department

Expenses towards treatment

For patients (for one month)

- Treatment charges
- Bed charges
- Medical expenses
- Food expenses
- To and fro charges

For family members (for two weeks)

- Bed charges
- Food expenses
- To and fro charges

Leave

The employee gets the full benefit as his leave is treated as on duty.

Follow-up

The patients are advised to visit our hospital for follow-up once in two months. As part of follow-up, two Counsellors visit the Industry once in three months.

We offer counselling for patients and family members. We also conduct lecture sessions for them. Medication is reviewed periodically.

Relapse

Relapse is handled at the Company Hospital itself. The patients are advised to visit our hospital for further counselling.

Prevention and Awareness Programmes

When we visit their Industry, we offer programmes for their Management staff / Supervisors regularly. These programmes are on Alcohol and Alcoholism, Impact of alcoholism on Industries, Guidelines for supervisors, improving quality of life and other related topics.

MADRAS ATOMIC POWER STATION, KALPAKKAM - GOVERNMENT OF INDIA ENTERPRISE

We were invited to conduct several awareness programmes for the employees, their family members and youth at Kalpakkam. Initially some patients came on their own for treatment. Later, as the programme gained momentum, a letter of approval accepting our Hospital as a referral centre for alcoholism management came into force from August 1st, 1993.

Treatment

Number of patients referred : 14, from October 1988 to March 1994

Referral

Medical Department

Expenses towards treatment

For patients (for one month)

- Treatment charges
- Bed charges
- Medical expenses
- Food expenses

For family members

NIL

Leave

The employee has to avail accumulated leave facility or go on loss of pay.

Follow-up

The patients are asked to visit our hospital once in 15 days for the first three months and once a month for the next three months. They are asked to come once in two months for the next six months. During their visits review of their recovery is done by the Counsellor and Doctor. Necessary medication is prescribed and counselling is offered.

Relapse

The industry is willing to support patients in case of relapse. The patient has to bear the expenses towards treatment again.

Prevention and Awareness Programmes

We have been invited to conduct awareness programmes on Alcohol and Alcoholism, and other related topics for the employees, their family members, youth and community members.

We are grateful to the management of Hindustan Motors Ltd., Tiruvallur; Bharath Electronics Ltd., Bangalore and Madras Atomic Power Station, Kalpakkam for their co-operation in providing material and other information used in this publication.

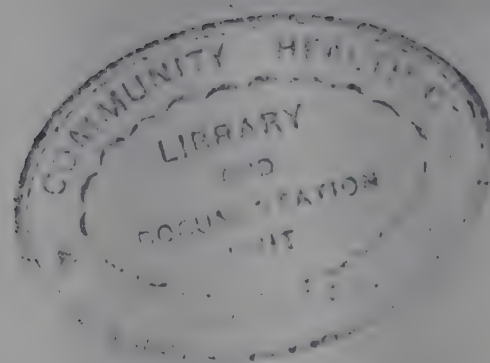
FOLLOW-UP FORM

1. Name of the patient :
2. Name of the Organisation :
3. Department :
4. Name of immediate Supervisor / Manager :

DETAILS OF FOLLOW-UP VISITS

S.No.	Counsel- ling	Medical check up	Date and Month	Remarks and signature of Counsellor	Remarks about employee's recovery and signature of Supervisor / Manager	Expected date and month of follow-up visit
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

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ASSESSMENT OF EMPLOYEE'S OCCUPATIONAL AND HEALTH STATUS PRE-TREATMENT AND POST-TREATMENT CONDITION

One of the major problems faced by the Industrial sector today is alcoholism and related problems.

As far as the Industry is concerned, an alcoholic is an individual whose work performance is adversely affected due to his repeated, uncontrolled drinking.

Having identified the alcoholic employees and referred them for treatment, it is imperative that the Industry maintains a record of each of these employees' past job performance and health status as also their post treatment job performance and health status. This would give an insight into the recovery status of the employees. The Industry will be in a position to evaluate the outcome of the help given.

Given below is a simple ready-to-use format which will immensely help the Industry in the assessment of the treated employee's health and occupational status prior to and one year after completion of treatment - an indicator of his recovery status.

Name :

Age :

Industry :

Department :

Designation :

Referral :

Salary at the time of admission :

Loans availed :

OCCUPATIONAL STATUS

I. Absenteeism

	ALWAYS	SOMETIMES	NEVER
a. Instances of taking unauthorised leave, i.e., taking leave without prior intimation			
b. Frequent unscheduled short term absences with or without medical explanation			
c. Monday / Friday absences (Monday morning returning after lunch)			
d. Continued absence following festivals, holidays, pay day			
e. Availing excessive sick leave			
f. Vague or improbable excuses for absences			
g. Reporting to work late			
h. Leaving work place before time			
i. Taking long breaks			
j. Physical illness reported on the job			
k. Continued absences from post more than job requirements or reporting to be away on duty much more than job requirements			

II. Work Efficiency

	ALWAYS	SOMETIMES	NEVER
a. Decreased efficiency compared to past performance			
b. Difficulty in recalling instructions or details			
c. Deadlines missed			
d. Erratic job performance			
e. Mistakes committed due to poor judgement			
f. Wrong decisions taken			

III. Accidents

ALWAYS

SOMETIMES

NEVER

a. Accidents on the job

b. Accidents off the job

IV. Employee's behaviour pattern and inter-personal relationships

a. Over reaction to real or imagined criticism

b. Obvious mood swings displayed

c. Display of anger or resentments

d. Defiance of authority

e. Borrowing money from co-workers / availing all loans

f. Complaints from colleagues

g. Coming to work place shabbily dressed

h. Reporting to work in a drunken state

i. Denying the fact that he is drunk

HEALTH STATUS

(Medical problems reported or diagnosed)

	YES	NO
a. Loss of weight		
b. Loss of appetite		
c. Anaemia		
d. High blood pressure		
e. Low blood pressure		
f. Liver problems		
g. Gastro-Intestinal problems		
h. Neurological problems		
i. Respiratory problems		
j. Cardiac problems		
k. Psychiatric problems		

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